

Georgia Board of Registration for Professional Engineers and Land Surveyors
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2014

PLEASE PRINT OR TYPE
Be sure to sign and date in
The space provided

Email to: chmason@sos.ga.gov

Institute, Organization, or Agency Conducting Program	Title of Program or Description of content	Location of Program	Dates Attended	All Other Subjects	Number of Hours Claimed	Documentation Attached

Total hours claimed

Number of hours in 2013

Attach copies of certificates of completion for each entry listed above.

Number of hours in 2014

Carryover from period ending 12/31/12

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AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, _____.

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Licensee

Notary Public _____

Printed/Typed Name of Licensee

NOTARY SEAL

Daytime Telephone Number _____

License Number _____

License Issue Date _____